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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number 91658759	
CLAIMS AS FILED – PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR
OTHER THAN SMALL ENTITY		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))			\$ _____		\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))			X \$ _____ =		X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			X \$ _____ =		X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ _____ =		+ \$ _____ =	
TOTAL			TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED – PART II						
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
Total (37 CFR 1.16(c))			Total (37 CFR 1.16(c))		Total (37 CFR 1.16(c))	
Independent (37 CFR 1.16(b))			Independent (37 CFR 1.16(b))		Independent (37 CFR 1.16(b))	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
TOTAL			TOTAL		TOTAL	
ADD'L FEE			ADD'L FEE		ADD'L FEE	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
Total (37 CFR 1.16(c))			Total (37 CFR 1.16(c))		Total (37 CFR 1.16(c))	
Independent (37 CFR 1.16(b))			Independent (37 CFR 1.16(b))		Independent (37 CFR 1.16(b))	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
TOTAL			TOTAL		TOTAL	
ADD'L FEE			ADD'L FEE		ADD'L FEE	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	OTHER THAN SMALL ENTITY		SMALL ENTITY		OR	
	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =
Total (37 CFR 1.16(c))			Total (37 CFR 1.16(c))		Total (37 CFR 1.16(c))	
Independent (37 CFR 1.16(b))			Independent (37 CFR 1.16(b))		Independent (37 CFR 1.16(b))	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
TOTAL			TOTAL		TOTAL	
ADD'L FEE			ADD'L FEE		ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.